

**THE STATE OF NEW HAMPSHIRE**  
**JUDICIAL BRANCH**  
<http://www.courts.state.nh.us>

Court Name: \_\_\_\_\_

Case Name: Guardianship of \_\_\_\_\_

Case Number: \_\_\_\_\_  
(if known)

**ANNUAL REPORT OF THE GUARDIAN OF THE PERSON - ADULT**  
REPORTING PERIOD: \_\_\_\_\_

1. Guardian Name \_\_\_\_\_ Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Guardian Name \_\_\_\_\_ Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_

2. Ward Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Residence address, if different from above \_\_\_\_\_

3. Name of facility where ward resides \_\_\_\_\_

Type of facility: ☐ Private home ☐ Group Home ☐ Nursing Home

☐ Institution ☐ Other (specify) \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

4. Describe the following:

Supportive services being provided the ward:

\_\_\_\_\_  
\_\_\_\_\_

Appropriateness of care and treatment:

\_\_\_\_\_  
\_\_\_\_\_

5. Describe physical health of ward \_\_\_\_\_

Significant changes since last report \_\_\_\_\_

Hospitalizations since last report \_\_\_\_\_

Surgical procedures since last report \_\_\_\_\_

Illnesses since last report \_\_\_\_\_

6. Describe mental health of ward \_\_\_\_\_

Psychiatric treatments since last report \_\_\_\_\_

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**ANNUAL REPORT OF THE GUARDIAN OF THE PERSON-ADULT**

7. Has there been any change of living conditions of the ward since the last report?  
☐ Yes ☐ No If yes, please explain. \_\_\_\_\_

8. Specify any proposed changes in the living situation of the ward.  
\_\_\_\_\_  
\_\_\_\_\_

9. Specify guardian's plan for preserving and maintaining the well-being of the ward.  
\_\_\_\_\_  
\_\_\_\_\_

10. Guardianship should be: ☐ Continued ☐ Terminated ☐ Altered  
Specify facts supporting your recommendation and provide any other information that may assist the court to better assess the general welfare of the ward.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I have sent a copy of this annual report to the ward.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature

State of \_\_\_\_\_, County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_

My Commission Expires \_\_\_\_\_

Affix Seal, if any

\_\_\_\_\_  
Signature of Notarial Officer / Title

**ORDER**

☐ Read and Noted. No further action is needed.

☐ Read and Noted. The following further action is needed: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge